

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N50165 (2)**

1. Corporation Name

**DOLPHIN ALLIANCE, INC.**



Principal Place of Business

Mailing Address

**419 OCEAN AVE #405  
MELBOURNE BEACH FL 32951**

**P.O. BOX 510273  
MELBOURNE BCH. FL 32951**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**419 Ocean Ave. # 406**

City & State

**Melbourne Beach, Florida**

City & State

**Zip 32951 Country USA**

Zip

**32951**

Country

**USA**

Zip

**32951**

Country

**USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/27/1992**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3166810**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81

Name

**Roberts, Joseph V**

82

Street Address (P.O. Box Number is Not Acceptable)

83

**419 Ocean Avenue # 406**

84

**City Melbourne Beach FL**

Zip Code

**32951**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**Joseph Victor Roberts - Director Joseph Victor Roberts May 9, 1996**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**ROBERTS, JOSEPH V**

STREET ADDRESS

**419 OCEAN AVE #405**

CITY - ST - ZIP

**MELBOURNE BCH FL**

TITLE

D

☐ DELETE

NAME

**OSTLUND, VICKI**

STREET ADDRESS

**2908 FOUNTAINBLEU**

CITY - ST - ZIP

**MELBOURNE FL**

TITLE

D

☐ DELETE

NAME

**ODENKIRK, CYNTHIA**

STREET ADDRESS

**17324 DERBY WAY**

CITY - ST - ZIP

**PENN VALLEY CA**

TITLE

D

☐ DELETE

NAME

**17324 DERBY WAY**

STREET ADDRESS

**PENN VALLEY CA**

CITY - ST - ZIP

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CITY - ST - ZIP

**PENN VALLEY CA**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Joseph Victor Roberts**

**May 9, 1996 (407) 951-1301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)